

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017441

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4455

STATE FILE NUMBER

FILED MAY 10 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BARNES HOSPITALInside Limits
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
1919 a St. Louis Ave.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
NELLIEMiddle
ELIZABETHLast
ZISKA

4. DATE OF DEATH

Month
APRILDay
29Year
19625. SEX
F6. COLOR OR RACE
W7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
10/18/089. AGE (last birthday)
53IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Reg. Nurse10b. KIND OF BUSINESS OR INDUSTRY
St. Charles Mo.
St. Joseph Hosp.11. BIRTHPLACE (City and state or country)
Carnegie Okla12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

William Derieg

13b. MOTHER'S MAIDEN NAME

Laurena Bainbridge

14. NAME OF HUSBAND OR WIFE

Victor J. Ziska

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. V.J. Ziska 1919 St. Louis

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARCINOMA OF RIGHT BREAST WITH METASTASES

INTERVAL BETWEEN ONSET AND DEATH
3 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

170x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from MAY 23, 1960, to APRIL 29, 1962 and last saw her alive on APRIL 29, 1962
Death occurred at 6:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

4/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5/3/62

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jeff. Bks. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Robert D. Kinealy 2228 St. Louis Ave. MAY 1 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. Dan Jr

Licensed Embalmer No. 4809

P. O. Address Kimwood 22, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.